

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)		Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): <b>Areopagita, Maria</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):											
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):											
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>xxx-xx-3258</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):											
Street Address of Debtor (No. and Street, City, and State): <b>905 S Golfview Place</b> <b>Mount Prospect, IL</b>		Street Address of Joint Debtor (No. and Street, City, and State):											
		ZIP CODE											
County of Residence or of the Principal Place of Business: <b>Cook</b>		County of Residence or of the Principal Place of Business:											
Mailing Address of Debtor (if different from street address): <b>905 S Golfview Place</b> <b>Mount Prospect, IL</b>		Mailing Address of Joint Debtor (if different from street address):											
		ZIP CODE											
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE											
<b>Type of Debtor</b> (Form of Organization) (Check one box.)		<b>Nature of Business</b> (Check one box.)	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)										
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding										
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.										
<b>Filing Fee</b> (Check one box.)		<b>Check one box:</b>	<b>Chapter 11 Debtors</b>										
<input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).	<b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).										
		<b>Check all applicable boxes:</b>	<b>Check all applicable boxes:</b>										
		<input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).											
<b>Statistical/Administrative Information</b>		THIS SPACE IS FOR COURT USE ONLY											
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.													
Estimated Number of Creditors <table border="0"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> Over 100,000</td> </tr> </table>		<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000		
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Estimated Assets <table border="0"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>		<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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Estimated Liabilities <table border="0"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>		<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <b>Maria Areopagita</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X</b> <u>/s/ Robert J. Adams &amp; Associates</u> <span style="float: right;">12/15/2014</span> <u>Robert J. Adams &amp; Associates</u> <span style="float: right;">Date</span>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
(Name of landlord that obtained judgment)			
(Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition***(This page must be completed and filed in every case)*Name of Debtor(s): **Maria Areopagita****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Maria Areopagita  
**Maria Areopagita**

**X**

Telephone Number (If not represented by attorney)

12/15/2014

Date

**Signature of Attorney\***

**X** /s/ Robert J. Adams & Associates

**Robert J. Adams & Associates** Bar No. **0013056**

**Robert J. Adams & Associates**  
901 W. Jackson, Suite 202  
Chicago, IL 60603

Phone No. **(312) 346-0100**Fax No. **(312) 346-6228**12/15/2014

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

In re: Maria Areopagita

Case No. \_\_\_\_\_

(if known)

Debtor(s)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

In re: **Maria Areopagita**Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT***Continuation Sheet No. 1*

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: */s/ Maria Areopagita*  
Maria Areopagita

Date: 12/15/2014

In re **Maria Areopagita**Case No. \_\_\_\_\_  
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Single Family Home 905 S. Golfview Place, Mount Prospect, IL 60056	1st Mortgage	-	\$321,214.00	\$370,588.00
			<b>Total:</b>	<b>\$321,214.00</b>

(Report also on Summary of Schedules)

In re **Maria Areopagita**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash	-	\$100.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Bank of America and Citibank both checking	-	\$200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X		-	
4. Household goods and furnishings, including audio, video and computer equipment.	X	Dinning room table and beds, 3 TV over a year old, washer and dryer	-	\$800.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		-	
6. Wearing apparel.		Necessary wearing apparel	-	\$300.00
7. Furs and jewelry.		Misc jewelry	-	\$100.00
8. Firearms and sports, photographic, and other hobby equipment.	X		-	
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X		-	

In re **Maria Areopagita**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Fidelity Pension plan (stock deduction included) (401k)	-	\$15,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

In re **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			

In re **Maria Areopagita**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		One dog 14 years old	-	\$0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		2009 Toyota, Rave 4, 96,000 miles 2012 NISSAN VERSA, car was in a accident physical damages on one side, \$5500 needed on repair Anticipated Tax refund, she will be taxed on profit sharing check	- - -	\$12,000.00 \$5,000.00 \$3,000.00
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)				
3 continuation sheets attached				Total > \$36,500.00

In re **Maria Areopagita**

Case No. \_\_\_\_\_

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds  
\$155,675.\*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Single Family Home 905 S. Golfview Place, Mount Prospect, Il. 60056	735 ILCS 5/12-901 & 902	\$0.00	\$321,214.00
Cash	735 ILCS 5/12-1001(b)	\$100.00	\$100.00
Bank of America and Citibank both checking	735 ILCS 5/12-1001(b)	\$200.00	\$200.00
Dinning room table and beds, 3 TV over a year old, washer and dryer	735 ILCS 5/12-1001(b)	\$800.00	\$800.00
Necessary wearing apparel	735 ILCS 5/12-1001(a), (e)	\$300.00	\$300.00
Misc jewelry	735 ILCS 5/12-1001(b)	\$100.00	\$100.00
Fidelity Pension plan (stock deduction included) (401k)	735 ILCS 5/12-1006	\$15,000.00	\$15,000.00
2009 Toyota, Rave 4, 96,000 miles	735 ILCS 5/12-1001(b)	\$0.00	\$12,000.00
2012 NISSAN VERSA, car was in a accident physical damages on one side, \$5500 needed on repair	735 ILCS 5/12-1001(b)	\$0.00	\$5,000.00
Anticipated Tax refund, she will be taxed on profit sharing check	735 ILCS 5/12-1001(b)	\$2,800.00	\$3,000.00
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$19,300.00	\$357,714.00

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS** Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:							
Arrow Financial Service 5996 W. Touhy Ave. Niles, IL 60714	-	DATE INCURRED: NATURE OF LIEN: <b>Judgment Lien</b> COLLATERAL: <b>Single Family Home</b> REMARKS:				<b>\$0.00</b>	
		VALUE: <b>\$321,214.00</b>					
ACCT #: 07-M1-219470							
Capital One Bank PO Box 85147 Richmond, VA 23276	-	DATE INCURRED: NATURE OF LIEN: <b>Judgment Lien</b> COLLATERAL: <b>Single Family Home</b> REMARKS:				<b>\$4,600.00</b>	<b>\$4,600.00</b>
		VALUE: <b>\$321,214.00</b>					
ACCT #: xxxxxxx5297							
CONSUMER PORTFOLIO SERVICES, INC 19500 JAMBOREE RD. IRVINE, CA 92612	-	DATE INCURRED: NATURE OF LIEN: <b>VEHICLE</b> COLLATERAL: <b>2012 NISSAN VERSA</b> REMARKS:				<b>\$13,579.00</b>	<b>\$8,579.00</b>
		VALUE: <b>\$5,000.00</b>					
ACCT #:							
Credit Acceptance Corp PO Box 513 Southfield, MI 48037	-	DATE INCURRED: NATURE OF LIEN: <b>Car loan</b> COLLATERAL: <b>2009 Toyota Rave 4</b> REMARKS:				<b>\$14,251.00</b>	<b>\$2,251.00</b>
		VALUE: <b>\$12,000.00</b>					
Subtotal (Total of this Page) >						<b>\$32,430.00</b>	<b>\$15,430.00</b>
Total (Use only on last page) >							

3 continuation sheets attached

(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)
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**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:			DATE INCURRED: NATURE OF LIEN: <b>Judgment Lien</b> COLLATERAL: <b>Home</b> REMARKS:				\$0.00	
<b>Credit Line Recovery</b> 843 Pony Ln Chicago, IL 60603		-	VALUE: <b>\$0.00</b>					
ACCT #:			DATE INCURRED: NATURE OF LIEN: <b>Judgment Lien</b> COLLATERAL: <b>Single Family Home</b> REMARKS:				\$15,000.00	\$15,000.00
<b>Dory Manalo</b> 905 S. Golf View Place Mount Prospect, IL 60056		-	VALUE: <b>\$321,214.00</b>					
ACCT #:			DATE INCURRED: NATURE OF LIEN: <b>Judgment</b> COLLATERAL: <b>Home</b> REMARKS:				\$0.00	
<b>Jeffery M. Leving</b> 19 S. LaSalle St. Ste. 450 Chicago, IL 60603		-	VALUE: <b>\$321,214.00</b>					
ACCT #: 07-M1-136123			DATE INCURRED: NATURE OF LIEN: <b>Judgment Lien</b> COLLATERAL: <b>Single Family Home</b> REMARKS:				\$6,000.00	\$6,000.00
<b>Midland Funding LLC</b> 8875 AERO DRIVE SAINT CLOUD, MN 56303		-	VALUE: <b>\$321,214.00</b>					

Sheet no. 1 of 3 continuation sheets attached  
to Schedule of Creditors Holding Secured ClaimsSubtotal (Total of this Page) >  
Total (Use only on last page) >

\$21,000.00 \$21,000.00

(Report also on  
Summary of  
Schedules.)(If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: <b>xxxxxx5188</b>			DATE INCURRED: NATURE OF LIEN: <b>1st Mortgage on Real Property</b> COLLATERAL: <b>Single Family Home</b> REMARKS:				\$303,000.00	
<b>Ocwen Loan Servicing LLC</b> <b>1661 Worthington RD</b> <b>Suite 100</b> <b>West Palm Beach, FL</b>	X	-	VALUE: <b>\$321,214.00</b>					
ACCT #:			DATE INCURRED: NATURE OF LIEN: <b>Loan</b> COLLATERAL: <b>Single Family Home</b> REMARKS:				\$35,597.00	\$17,383.00
<b>PNC Bank</b> <b>2730 Liberty Ave.</b> <b>Pittsburgh, PA 15222</b>		-	VALUE: <b>\$321,214.00</b>					
ACCT #: <b>07-M1-114559</b>			DATE INCURRED: NATURE OF LIEN: <b>Judgement Lien</b> COLLATERAL: <b>Home</b> REMARKS:				\$4,500.00	\$4,500.00
<b>PORTFOLIO RECOVERY ASSOCIATES</b> <b>PO BOX 12903</b> <b>NORFOLK, VA 23541</b>		-	VALUE: <b>\$321,214.00</b>					
ACCT #: <b>2006-M1-138836</b>			DATE INCURRED: NATURE OF LIEN: <b>Judgment Lien</b> COLLATERAL: <b>Home</b> REMARKS:				\$16,000.00	\$16,000.00
<b>Unifund CCR Partners s/i/i to Providian</b> <b>10625 Techwood Circle</b> <b>Cincinnati, OH 45242</b>		-	VALUE: <b>\$0.00</b>					

Sheet no. 2 of 3 continuation sheets attached  
to Schedule of Creditors Holding Secured ClaimsSubtotal (Total of this Page) >  
Total (Use only on last page) >

\$359,097.00      \$37,883.00

(Report also on  
Summary of  
Schedules.)      (If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:								
<b>Wings Financial Credit Union c/o Registered Agent 14985 Glazier Ave Saint Paul, MN 55124</b>		-	DATE INCURRED: NATURE OF LIEN: <b>Judgment Lien</b> COLLATERAL: <b>Single Family Home</b> REMARKS:				<b>\$1,891.00</b>	<b>\$1,891.00</b>
			VALUE: <b>\$321,214.00</b>					

Sheet no. 3 of 3 continuation sheets attached  
to Schedule of Creditors Holding Secured Claims

Subtotal (Total of this Page) >	<b>\$1,891.00</b>	<b>\$1,891.00</b>
Total (Use only on last page) >	<b>\$414,418.00</b>	<b>\$76,204.00</b>

(Report also on  
Summary of  
Schedules.) (If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)

In re **Maria Areopagita**

Case No. \_\_\_\_\_

(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

 **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No \_\_\_\_\_ continuation sheets attached

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>867YA10D RECOVERY COMPANY PO BOX 57547 JACKSONVILLE, FL 32241</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ATT</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>867YA10D RECOVERY COMPANY PO BOX 57547 JACKSONVILLE, FL 32241</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -TMOBILE</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068</b>	-	DATE INCURRED: CONSIDERATION: <b>medical</b> REMARKS:			<b>\$3,500.00</b>
ACCT #: <b>xxxx4921</b> <b>Advocate Medicai Group 701 Lee St., Des Plaines, IL 60016</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$150.00</b>
ACCT #: <b>xxxx-xx-xx4339</b> <b>ALEXANDER ROZMAN 55 W WACKER 9TH FL CHICAGO, IL 60601</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -DORY MANALO</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>ALTMAN DERMATOLOGY 200 1100 W CENTRAL RD ARLINGTON HEIGHTS, IL 60005</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$110.00</b>
<b>Subtotal &gt;</b>			<b>\$3,760.00</b>		
<b>Total &gt;</b>					
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>American Express PO Box 7871 Ft. Lauderdale, FL 33329</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:			\$4,600.00
ACCT #: <b>xxx-x0768</b> <b>AMERINATIONAL MANAGEMENT SERVICES, PO BOX 149007 ORLANDO, FL 32814</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ULTIMATE MARTIAL ARTS</b> REMARKS:			Notice Only
ACCT #: <b>ANNE K GRIMES 3407 N KENNICKOT AVE, SUITE C ARLINGTON HEIGHTS, IL 60004</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$458.50
ACCT #: <b>xxxxxx8949</b> <b>Armor Systems Co. 1700 Kiefer Dr., Ste. 1 Zion, IL 60099</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -VILLAGE OF MOUNT PROSPECT</b> REMARKS:			Notice Only
ACCT #: <b>xxxx-xx-xx7100</b> <b>Asset Acceptance Corp PO Box 2036 Warren, MI 48090</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -</b> REMARKS:			\$3,500.00
ACCT #: <b>ATG Credit, LLC PO Box 14895 Chicago, IL 60614-4895</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -RUSSELL POLLINA DDS</b> REMARKS:			Notice Only
Sheet no. <u>1</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >	\$8,558.50	
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>ATG Credit, LLC PO Box 14895 Chicago, IL 60614-4895</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -DES PLAINES RADIOLOGY</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>ATT PO BOX 8100 AURORA, IL 60504</b>	-	DATE INCURRED: CONSIDERATION: <b>UTILITY</b> REMARKS:			<b>\$3,800.00</b>
ACCT #: <b>Att Mobility PO Box 6428 Carol Stream, Ill. 60197</b>	-	DATE INCURRED: CONSIDERATION: <b>UTILITY</b> REMARKS:			<b>\$700.00</b>
ACCT #: <b>xxxxxxxx9936</b> <b>Bank of America PO Box 17054 Wilmington, DE 19884</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:			<b>\$1,800.00</b>
ACCT #: <b>xx-xx-xx9470</b> <b>Blatt, Hasenmiller, Leibske &amp; Moore 125 S. Wacker Dr. Ste. 400 Chicago, IL 60606-4440</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -CAPITAL ONE</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>xx-xx-xx6123</b> <b>Blatt, Hasenmiller, Leibske &amp; Moore 125 S. Wacker Dr. Ste. 400 Chicago, IL 60606-4440</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -MIDLAND FUNDING</b> REMARKS:			<b>Notice Only</b>
Sheet no. <u>2</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >	<b>\$6,300.00</b>	
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>xx-xx-xx4559</b>  <b>Blatt, Hasenmiller, Leibske &amp; Moore</b> <b>125 S. Wacker Dr. Ste. 400</b> <b>Chicago, IL 60606-4440</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -PORTFOLIO</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>xxxx-xx-xx6103</b>  <b>Blitt &amp; Gaines</b> <b>661 Glenn Ave</b> <b>Wheeling, IL 60090</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -LVNV</b> REMARKS:			<b>Notice Only</b>
ACCT #:  <b>BRIGHT DENTAL</b> <b>5917 South Pulaski Road</b> <b>CHICAGO, IL 60629</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$100.00</b>
ACCT #:  <b>CENTER FOR FAMILY GERIATRIC</b> <b>1100 W Central R</b> <b>ARLINGTON HEIGHTS, IL 60005</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$102.00</b>
ACCT #:  <b>CHARLES KAEGI, MD</b> <b>4801 W PETERSON AVE #217</b> <b>CHICAGO, IL 60646</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$22.00</b>
ACCT #:  <b>Charter One Bank</b> <b>1215 Superior Ave</b> <b>Cleveland, OH 44114</b>	-	DATE INCURRED: CONSIDERATION: <b>OVERDRAFT</b> REMARKS:			<b>Notice Only</b>
Sheet no. <u>3</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		<b>\$224.00</b>
			Total >		
			(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>Chase Bank USA, NA 800 Brookside Blvd. Westerville, OH 43081-2822</b>	-	DATE INCURRED: CONSIDERATION: <b>OVERDRAWN CHECKING</b> REMARKS:			\$2,200.00
ACCT #: <b>xxxx3167</b> <b>CHOICE RECOVERY PO BOX 20790 COLUMBUS, OH 43220</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -BRIGHT DENTAL</b> REMARKS:			Notice Only
ACCT #: <b>xxxxxx6773</b> <b>Citizens Bank PO Box 1790 Flint, MI 48501-1790</b>	-	DATE INCURRED: CONSIDERATION: <b>OTHER</b> REMARKS:			\$600.00
ACCT #: <b>City Of Chicago Department Of Revenue P.O Box 88292 Chicago, IL 60680</b>	-	DATE INCURRED: CONSIDERATION: <b>TICKET</b> REMARKS:			\$120.00
ACCT #: <b>City of Milwaukee 6914 W. Appleton Ave Milwaukee, WI 53216</b>	-	DATE INCURRED: CONSIDERATION: <b>Tickets</b> REMARKS:			\$40.00
ACCT #: <b>xxxxxxxxxxxx1089</b> <b>CITY OF PARK RIDGE 505 Butler Place PARK RIDGE, IL 60068</b>	-	DATE INCURRED: CONSIDERATION: <b>PHOTO TICKET</b> REMARKS:			\$100.00
Sheet no. <u>4</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$3,060.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>COLONIAL COURT OPTICAL 1775 GLENVIEW RD. GLENVIEW, IL 60025</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$80.00
ACCT #: <b>xxxx7654</b> <b>COMCAST 155 Industrial Lane Elmhurst, IL 60126</b>	-	DATE INCURRED: CONSIDERATION: <b>UTILITY</b> REMARKS:			\$151.00
ACCT #: <b>xxxx1127</b> <b>CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON, WA 98057</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -COMCAST</b> REMARKS:			Notice Only
ACCT #: <b>xx-xx-xxx-xx4-000</b> <b>Cook County Treasurer Attn: Legal Dept., Bankruptcy 118 N. Clark Rm 112 Chicago, IL 60602</b>	-	DATE INCURRED: CONSIDERATION: <b>Taxes</b> REMARKS:			\$4,236.84
ACCT #: <b>Credit Collection Services Two Wells Ave Newton Center, MA 02459</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting For -LABCORP</b> REMARKS:			\$12.00
ACCT #: <b>Credit Management 4200 International Pkwy Carrollton, TX 75007</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -COMCAST</b> REMARKS:			Notice Only
Sheet no. <u>5</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >	\$4,479.84	
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #:  <b>Des Plaines Radiologists 1455 Golf Rd., Ste. 212 Des Plaines, IL 60016</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical</b> REMARKS:			\$50.00
ACCT #: <b>xxxx-xx-xx1953</b>  <b>DIMITROV DANAIL need addy</b>	-	DATE INCURRED: CONSIDERATION: <b>Other</b> REMARKS:			\$2,500.00
ACCT #:  <b>Diversified Adjustments 600 Coon Rapids Blvd., NW Minneapolis, MN 55433</b>	J	DATE INCURRED: CONSIDERATION: <b>Collecting for SPRINT</b> REMARKS:			Notice Only
ACCT #:  <b>Diversified Consultants, Inc. PO Box 551268 Jacksonville, FL 32255</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ATT MOBILITY</b> REMARKS:			Notice Only
ACCT #:  <b>DR ANNE GRIMES 3407 North Kennicott Avenue ARLINGTON HEIGHTS, IL 60004</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$460.00
ACCT #:  <b>DR BORELLI WELL FOOT INSTITUTE 1455 EAST GOLF RD DES PLAINES, IL 60016</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			Notice Only
Sheet no. <u>6</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$3,010.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>DR FRANCIS LAMBERTA ILLINOIS BONE AND JOINT 1300 E CENTRAL RD ARLINGTON HEIGHTS, IL 60005</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR FREDERICK MILLER 800 BIESTERFIELD RD SUITE 205 ELK GROVE VILLAGE, IL 60007</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR GREGORY COLBERT 1020 E GRAND RIVER RD. BRIGHTON, MI 48116</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR KEVIN McCOY 250 W KENSINGTON RD SUITE 2B MOUNT PROSPECT, IL 60056</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR KIM THOMAS ILLINOIS ORTHOPEDIC ASSOCIATES Z415 W GOLF RD ARLINGTON HEIGHTS, IL 60005</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR MARCI PUGNALE 880 W CENTRAL RD ARLINGTON HEIGHTS, IL 60005</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>

Sheet no. 7 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > \$0.00

Total &gt;

(Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>DR NAVEED PAPA 77 N AIRLITE ST ELGIN, IL 60123</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR ROBERT FABSIK 1701 E WOODFIELD RD. SCHAUMBURG, IL 60173</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR SAMEER NASEERUDDIN 1089 N SALEM DR. SCHAUMBURG, IL 60194</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR SAMREEN AKBAR 2500 W HIGGINS RD HOFFMAN ESTATES, IL 60169</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR WILLIAM PARK 1588 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60004</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>DR. FRED MILLER 800 BIESTERFIELD RD ELK GROVE VILLAGE, IL 60007</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$600.00</b>
Sheet no. <u>8</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			<b>Subtotal &gt;</b>		<b>\$600.00</b>
			<b>Total &gt;</b>		
			(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>DR. MARCI PUGNALE 880 West Central Road ARLINGTON HEIGHTS, IL 60005</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$871.00
ACCT #: <b>DR. MARK GERBER 2150 PFINGSTEN RD GLENVIEW, IL 60026</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			Notice Only
ACCT #: <b>DR. WILLIAM PARK NORTHWEST EYE PHYSICIAN 1046 Chicago Avenue OAK PARK, IL 60302</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$270.00
ACCT #: <b>DR. WILLIAM STILES 1400 E GOLF RD SUITE 217 DES PLAINES, IL 60016</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			Notice Only
ACCT #: <b>xxxx9164</b> <b>ENHANCED RECOVERY SERVICES PO BOX 57547 JACKSONVILLE, FL 32241</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -TMOBILE</b> REMARKS:			Notice Only
ACCT #: <b>EOS CCA 700 Longwater Dr. Norwell, MA 02061-1624</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ATT MOBILITY</b> REMARKS:			Notice Only
Sheet no. <u>9</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$1,141.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>EVANSTON OPHTHAMOLOGISTS 4709 GOLF RD. 12TH FLOOR SKOKIE, IL 60076</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$250.00
ACCT #: <b>1495</b> <b>FFCC Columbus PO Box 20790 Columbus, OH 43220</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -WOMENS CONSULTANTS</b> REMARKS:			Notice Only
ACCT #: <b>FFCC Columbus PO Box 20790 Columbus, OH 43220</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -BRIGHT DENTAL</b> REMARKS:			Notice Only
ACCT #: <b>FINANCIAL CORPORATION OF AMERICA PO BOX 203500 AUSTIN, TX 78720</b>	J	DATE INCURRED: CONSIDERATION: <b>Collecting for -INPATIENT CONSULTANTS</b> REMARKS:			Notice Only
ACCT #: <b>Financial Recovery Services P.O.Box 385908 Minneapolis, MN 55438-5908</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -RESURGENT CAPITAL</b> REMARKS:			Notice Only
ACCT #: <b>FIRST SOURCE FINANCIAL SOLUTIONS 7650 MAGNA DR. BELLEVILLE, IL 62223</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -NORTHWEST COMMUNITY HOSPITAL</b> REMARKS:			Notice Only
Sheet no. <b>10</b> of <b>23</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$250.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>xxxx6859</b>  <b>FOX VALLEY ANES ASSOC PO BOX 1123 JACKSON, MI 49204</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$704.00
ACCT #: <b>xx-xx-xx3673</b>  <b>Freedman Anslemo Lindberg and Rappe 1771 W. Diehl Rd., #333 Naperville, IL 60566</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for - LVNV</b> REMARKS:			Notice Only
ACCT #:  <b>HARRIS &amp; HARRIS 111 WEST JACKSON BLVD SUITE 400 CHICAGO, IL 60604</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -NORTHWEST COMMUNITY HOSPITAL</b> REMARKS:			Notice Only
ACCT #:  <b>HARRIS &amp; HARRIS 111 WEST JACKSON BLVD SUITE 400 CHICAGO, IL 60604</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ADVOCATE LUTHERAN GENERAL</b> REMARKS:			Notice Only
ACCT #:  <b>HEAD AND NECK ASSOCIATES 800 BIESTERFIELD RD. SUITE 3008 ELK GROVE VILLAGE, IL 60007</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$165.21
ACCT #: <b>10 CH 10892</b>  <b>Heavner, Scott, Beyers &amp; Mihlar PO Box 740 Decatur, IL 62525</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -PNC Bank</b> REMARKS:			\$0.00
Sheet no. <u>11</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$869.21
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: xxxxxxxx2391  HSBC PO Box 5253 Carol Stream, IL 60197	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:			\$1,100.00
ACCT #: xxxxxxxx2391  HSBC PO Box 5253 Carol Stream, IL 60197	J	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:			\$1,500.00
ACCT #: xxxxxxxx9001  IC Systems Collections PO Box 64378 Saint Paul, MN 55164	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -NORTHWEST EYE CLINIC</b> REMARKS:			Notice Only
ACCT #:  ILLINOIS BONE AND JOINT 5057 PAYSHERE CIRCLE CHICAGO, IL 60674	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$350.00
ACCT #:  ILLINOIS BONE AND JOINT DOCTORS 900 RAND RD DES PLAINES, IL 60016	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			Notice Only
ACCT #: xxxx0705  Illinois Collection Service PO Box 1010 Tinley Park, IL 60477	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -IBJI</b> REMARKS:			Notice Only
Sheet no. <u>12</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$2,950.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>Illinois State Toll Highway Authority P.O.Box 5201 Lisle, IL 60532-5201</b>	-	DATE INCURRED: CONSIDERATION: <b>Fines</b> REMARKS:			\$650.00
ACCT #: <b>INPATIENT CONSULTANTS OF ILLINOIS PO BOX 92934 LOS ANGELES, CA 90009</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$60.00
ACCT #: <b>INTEGRITY SOLUTION SERVICES 4370 W 109TH STREET SUITE 100 OVERLAND, KS 66211</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ATT</b> REMARKS:			Notice Only
ACCT #: <b>xxxx-xx-xx7100</b> <b>KEVIN MORTEL 1821 WALDEN OFFICE S SCHAUMBURG, IL 60173</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -ASSET ACCEPTANCE</b> REMARKS:			Notice Only
ACCT #: <b>LAB CORP 121 S WILKE RD SUITE 405 ARLINGTON HEIGHTS, IL 60005</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			Notice Only
ACCT #: <b>Labcorp PO Bxo 2240 Burlington, NC 27216</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical</b> REMARKS:			\$15.00
Sheet no. <u>13</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal >			\$725.00
		Total >			
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>LaSalle Bank 201 S. State St. Chicago, IL 60601</b>	-	DATE INCURRED: CONSIDERATION: <b>OVERDRAFT</b> REMARKS:			Notice Only
ACCT #: <b>LCA PO Box 2240 Burlington, NC 27216</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$12.00
ACCT #: <b>xx-xx-xx3673</b>  <b>LVNV Funding PO Box 10497 Greenville, SC 29603</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -</b> REMARKS:			\$4,700.00
ACCT #: <b>xxxx-xx-xx6103</b>  <b>LVNV Funding PO Box 10497 Greenville, SC 29603</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -</b> REMARKS:			\$3,000.00
ACCT #: <b>2014-M1-015447</b>  <b>Mathein &amp; Rostoker 662 W. Grand Ave Chicago, IL 60610</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -State Farm</b> REMARKS:			Notice Only
ACCT #: <b>xxxxxxxxxx6859</b>  <b>MEDICAL BUSINESS BUREAU 1460 RENAISSANCE DRIVE PARK RIDGE, IL 60068</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -FOX VALLEY ANESTHESIA</b> REMARKS:			Notice Only
Sheet no. <u>14</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >	\$7,712.00	
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>Medical Recovery Specialists 2250 E. DevonAve Suite 352 Des Plaines, IL 60018</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -NORTHWEST RADIOLOGY</b> REMARKS:			Notice Only
ACCT #: <b>MEDSTAR LAB 1640 MARKET STREET DES PLAINES, IL 60016</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			Notice Only
ACCT #: <b>MEDSTAR LAB, INC 4531 HARRISON HILLSIDE, IL 60162</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$200.00
ACCT #: <b>xxxxxx6773</b> <b>MERCANTILE PO BOX 9016 WILLIAMSVILLE, NY 14231</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -CITIZENS</b> REMARKS:			Notice Only
ACCT #: <b>xxxxxx6797</b> <b>Merchants Credit Guide 223 W. Jackson Chicago, IL 60606</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ORTHOPEDIC ASSOCIATES</b> REMARKS:			Notice Only
ACCT #: <b>MICHAEL STANCO 10 LARKFIELD RD. EAST NORTHPORT, NY 11731</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -NATIONAL GENERAL INSURANCE</b> REMARKS:			Notice Only
Sheet no. <u>15</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$200.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>xxxx-xx-xx4544</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -UNIFIED COLLECTION</b> REMARKS:			Notice Only
Michael Weis PO Box 1166 Northbrook, IL 60065					
ACCT #:	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -BANK OF AMERICA</b> REMARKS:			Notice Only
MIDLAND CREDIT MANAGEMENT PO BOX 60578 LOS ANGELES, CA 90060					
ACCT #:	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -HSBC BANK</b> REMARKS:			Notice Only
MIDLAND CREDIT MANAGEMENT PO BOX 60578 LOS ANGELES, CA 90060					
ACCT #:	-	DATE INCURRED: CONSIDERATION: <b>FINES</b> REMARKS:			\$40.00
MILWAUKEE VIOLATIONS BUREAU PO BOX 346 MILWAUKEE, WI 53201					
ACCT #:	J	DATE INCURRED: CONSIDERATION: <b>Collecting for -NORTHWEST COMMUNITY HOSPITAL</b> REMARKS:			Notice Only
Miramed Revenue Group 991 Oak Creek Dr. Lombard, IL 60148					
ACCT #:	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ULTIMATE MARTIAL ARTS</b> REMARKS:			Notice Only
National Credit Mangers, Inc PO Box 140925 Orlando, FL 32814					
Sheet no. <u>16</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$40.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>xxxxxxxx6168</b>  <b>Nationwide Credit, Inc.</b> <b>PO Box 26314</b> <b>Lehigh Valley, PA 18002</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -AMERICAN EXPRESS</b> REMARKS:			Notice Only
ACCT #:  <b>Nationwide Credit, Inc.</b> <b>4700 Vestal Pkwy E.</b> <b>Vestal, NY 13850</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -QVC INC., EASY PAY</b> REMARKS:			Notice Only
ACCT #:  <b>NCH MEDICAL GROUP</b> <b>25228 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$140.00
ACCT #:  <b>NCO FINANCIAL SYSTEMS INC.</b> <b>PO BOX 17213</b> <b>DEPT 64</b> <b>WILMINGTON, DE 19850</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -ILLINOIS STATE HIGHWAY AUTH</b> REMARKS:			Notice Only
ACCT #:  <b>NEW HOPE BEHAVIORAL HEALTH</b> <b>121 S WILKE SUITE 232</b> <b>ARLINGTON HEIGHTS, IL 60005</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$40.00
ACCT #:  <b>NILES MEDICAL IMAGING</b> <b>8618 W Golf Rd (Greenwood Rd.)</b> <b>NILES, IL 60714</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$308.00
Sheet no. <u>17</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$488.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the		
			Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>Northland Group Inc. P.O.Box 390846 Edina, MN 55439</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -LVNV</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>NORTHSHORE AGENCY 270 SPAGNOLI RD SUITE 110 MELVILLE, NY 11747</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -SPRINT</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>NORTHSHORE UNIVERSITY HEALTHSYSTEM 23056 NETWORK PLACE CHICAGO, IL 60673</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$620.00</b>
ACCT #: <b>NORTHSTAR CAPITAL AQUISITION 220 John Glenn Drive, #100 AMHERST, NY 14228</b>	-	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>xxxxxx2675</b> <b>Northwest Collectors Inc. 3601 Algonquin Rd. Ste. 500 Rolling Meadows, IL 60008-3146</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -PRA BEHAVIORAL</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>xxxxxx3809</b> <b>Northwest Collectors Inc. 3601 Algonquin Rd. Ste. 500 Rolling Meadows, IL 60008-3146</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -CENTER FOR FAMILY GERIATRIC</b> REMARKS:			<b>Notice Only</b>
Sheet no. <u>18</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >	<u><b>\$620.00</b></u>	
			Total >		
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>Northwest Community Hospital PO Box 95698 Chicago, IL 60694</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$560.00
ACCT #: <b>NORTHWEST EYE CLINIC 1400 E Golf Rd #212 DES PLAINES, IL 60016</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$50.00
ACCT #: <b>Northwest Radiology Assoc 520 East 22nd Street Lombard, Illinois 60148</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical</b> REMARKS:			\$36.06
ACCT #: <b>NORTHWEST WOMENS CONSULTANTS 1630 W CENTRAL ARLINGTON HEIGHTS, IL 60005</b>	J	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$130.00
ACCT #: <b>Orthopedic Association of Chicago 676 N St. Clair Chicago, IL 60611</b>	-	DATE INCURRED: CONSIDERATION: <b>Other</b> REMARKS:			Notice Only
ACCT #: <b>PBA PO BOX 7389 PROSPECT HEIGHTS, IL 60070</b>	J	DATE INCURRED: CONSIDERATION: <b>Collecting for -NILES MEDICAL IMAGING</b> REMARKS:			Notice Only
Sheet no. <u>19</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal >			\$776.06
		Total >			
		(Use only on last page of the completed Schedule F.)			
		(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>PHOTO ENFORCEMENT PROGRAM 75 REMITTANCE DRIVE SUITE 6658 CHICAGO, IL 60675</b>	-	DATE INCURRED: CONSIDERATION: <b>RED LIGHT VIOLATION</b> REMARKS:			\$100.00
ACCT #: <b>Pinnacle Management Services, Inc. 514 Market Loop, Suite 103 Dundee, IL 60118</b>	J	DATE INCURRED: CONSIDERATION: <b>Collecting for -NORTHSORE UNIV HEALTH SYSTEM</b> REMARKS:			Notice Only
ACCT #: <b>PMG II NEED ADDY</b>	-	DATE INCURRED: CONSIDERATION: <b>OTHER</b> REMARKS:			\$4,052.00
ACCT #: <b>PNC Bank 2730 Liberty Ave. Pittsburgh, PA 15222</b>	-	DATE INCURRED: CONSIDERATION: <b>OVERDRAFT</b> REMARKS:			Notice Only
ACCT #: <b>PRA BEHAVIORAL 3 W Hawthorn Pkwy VERNON HILLS, IL 60061</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$758.00
ACCT #: <b>xx4404</b> <b>RECEIVABLES MANAGEMENT 14675 MARTIN DR. EDEN PRAIRIE, MN 55344</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -PMG II</b> REMARKS:			Notice Only
Sheet no. <b>20</b> of <b>23</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$4,910.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>Resurgent Capital Services PO Box 10587 Greenville, SC 29603</b>	-	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>RUSSELL POLLINA 601 W Central Rd Suite 4 MOUNT PROSPECT, IL 60056</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$2,000.00</b>
ACCT #: <b>State Collection Service PO Box 6250 Madison, WI 53701</b>	J	DATE INCURRED: CONSIDERATION: <b>Collecting for -NORTHWEST COMM PHYSICIAN AS</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>TMOBILE FINANCIAL PO BOX 629025 EL DORADO HILLS, CA 95762</b>	-	DATE INCURRED: CONSIDERATION: <b>CELL PHONE</b> REMARKS:			<b>\$316.00</b>
ACCT #: <b>TRS Recovery Service PO BOX 60022 CITY OF INDUSTRY, CA 91716</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -TELECHECK/SPRINT</b> REMARKS:			<b>\$75.00</b>
ACCT #: <b>xxxx-xx-xx4544</b> <b>UNIFIED COLLECTION PO BOX 307167 COLUMBUS, OH 43230</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -</b> REMARKS:			<b>\$2,400.00</b>

Sheet no. 21 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$4,791.00**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: xxxxxxxx6591  <b>US Bank CB Disputes PO BOX 108 Saint Louis, MO 63166</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:			\$209.00
ACCT #:  <b>US Bank 5201 W. Madison St. Chicago, IL 60644</b>	-	DATE INCURRED: CONSIDERATION: <b>OVERDRAFT</b> REMARKS:			Notice Only
ACCT #: xxxx598/9  <b>VILLAGE OF MOUNT PROSPECT 50 S. Emerson Street MOUNT PROSPECT, IL 60056</b>	-	DATE INCURRED: CONSIDERATION: <b>FINES</b> REMARKS:			\$320.00
ACCT #:  <b>Wachovia Po Box 15515 Wilmington, DE 19886-5515</b>	-	DATE INCURRED: CONSIDERATION: <b>OVERDRAFT</b> REMARKS:			Notice Only
ACCT #:  <b>Washington Mutual Bank 11200 W Parkland PO Box 3139 Milwaukee, WI 53224</b>	-	DATE INCURRED: CONSIDERATION: <b>OVERDRAFT</b> REMARKS:			Notice Only
ACCT #:  <b>WELL FOOT AND ANKLE INSTITUTE 1455 E GOLF RD, DES PLAINES, IL 60016</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			\$32.00
Sheet no. <u>22</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >		\$561.00
			Total >		
			(Use only on last page of the completed Schedule F.)		
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCT #: <b>xx xx x0892</b>  <b>Weltman, Weinberg &amp; Reis Co., LPA</b> <b>180 N. LaSalle St., Ste. 2400</b> <b>Chicago, IL 60601</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -PNC</b> REMARKS:			<b>Notice Only</b>
ACCT #:  <b>WILBER &amp; ASSOCIATES</b> <b>210 LANDMARK DRIVE</b> <b>NORMAL, IL 61761</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for -COUNTRY FINANCIAL</b> REMARKS:			<b>Notice Only</b>
ACCT #: <b>2914</b>  <b>WILLIAM STILES, MD</b> <b>1707 SHERMER RD</b> <b>SUITE 212</b> <b>NORTHBROOK, IL 60062</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$227.58</b>
ACCT #:  <b>WOMENS CONSULTANTS</b> <b>1630 W Central Rd, Arlington Hts</b> <b>ARLINGTON HEIGHTS, IL 60005</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Debt</b> REMARKS:			<b>\$700.00</b>
ACCT #:  <b>WOW! Internet and Cable</b> <b>PO Box 5715</b> <b>Carol Stream, IL 60197</b>	-	DATE INCURRED: CONSIDERATION: <b>Other</b> REMARKS:			<b>\$163.00</b>
Sheet no. <b>23</b> of <b>23</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			<b>Subtotal &gt;</b>		<b>\$1,090.58</b>
			<b>Total &gt;</b>		<b>\$57,116.19</b>
			(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Francis Areopagita</b> Lives in Olympia	<b>Ocwen Loan Servicing LLC</b> 1661 Worthington RD Suite 100 West Palm Beach, FL
<b>Spouse Name Not Entered</b>	<b>CHARLES KAEGI, MD</b> 4801 W PETERSON AVE #217 CHICAGO, IL 60646
<b>Spouse Name Not Entered</b>	<b>COLONIAL COURT OPTICAL</b> 1775 GLENVIEW RD. GLENVIEW, IL 60025
<b>Spouse Name Not Entered</b>	<b>Diversified Adjustments</b> 600 Coon Rapids Blvd., NW Minneapolis, MN 55433
<b>Spouse Name Not Entered</b>	<b>DR BORELLI</b> WELL FOOT INSTITUTE 1455 EAST GOLF RD DES PLAINES, IL 60016
<b>Spouse Name Not Entered</b>	<b>DR FRANCIS LAMBERTA</b> ILLINOIS BONE AND JOINT 1300 E CENTRAL RD ARLINGTON HEIGHTS, IL 60005
<b>Spouse Name Not Entered</b>	<b>DR FREDERICK MILLER</b> 800 BIESTERFIELD RD SUITE 205 ELK GROVE VILLAGE, IL 60007

In re **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**SCHEDULE H - CODEBTORS***Continuation Sheet No. 1*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Spouse Name Not Entered</b>	<b>DR GREGORY COLBERT</b> 1020 E GRAND RIVER RD. BRIGHTON, MI 48116
<b>Spouse Name Not Entered</b>	<b>DR KEVIN McCOY</b> 250 W KENSINGTON RD SUITE 2B MOUNT PROSPECT, IL 60056
<b>Spouse Name Not Entered</b>	<b>DR KIM THOMAS</b> ILLINOIS ORTHOPEDIC ASSOCIATES Z415 W GOLF RD ARLINGTON HEIGHTS, IL 60005
<b>Spouse Name Not Entered</b>	<b>DR MARCI PUGNALE</b> 880 W CENTRAL RD ARLINGTON HEIGHTS, IL 60005
<b>Spouse Name Not Entered</b>	<b>DR NAVEED PAPA</b> 77 N AIRLITE ST ELGIN, IL 60123
<b>Spouse Name Not Entered</b>	<b>DR ROBERT FABSIK</b> 1701 E WOODFIELD RD. SCHAUMBURG, IL 60173
<b>Spouse Name Not Entered</b>	<b>DR SAMEER NASEERUDDIN</b> 1089 N SALEM DR. SCHAUMBURG, IL 60194

In re **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**SCHEDULE H - CODEBTORS***Continuation Sheet No. 2*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Spouse Name Not Entered</b>	<b>DR SAMREEN AKBAR</b> 2500 W HIGGINS RD HOFFMAN ESTATES, IL 60169
<b>Spouse Name Not Entered</b>	<b>DR WILLIAM PARK</b> 1588 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60004
<b>Spouse Name Not Entered</b>	<b>DR. MARK GERBER</b> 2150 PFINGSTEN RD GLENVIEW, IL 60026
<b>Spouse Name Not Entered</b>	<b>DR. WILLIAM STILES</b> 1400 E GOLF RD SUITE 217 DES PLAINES, IL 60016
<b>Spouse Name Not Entered</b>	<b>EVANSTON OPHTHALMOLOGISTS</b> 4709 GOLF RD. 12TH FLOOR SKOKIE, IL 60076
<b>Spouse Name Not Entered</b>	<b>FINANCIAL CORPORATION OF AMERICA</b> PO BOX 203500 AUSTIN, TX 78720
<b>Spouse Name Not Entered</b>	<b>HSBC</b> PO Box 5253 Carol Stream, IL 60197

In re **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**SCHEDULE H - CODEBTORS***Continuation Sheet No. 3*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Spouse Name Not Entered</b>	<b>ILLINOIS BONE AND JOINT DOCTORS</b> 900 RAND RD DES PLAINES, IL 60016
<b>Spouse Name Not Entered</b>	<b>LAB CORP</b> 121 S WILKE RD SUITE 405 ARLINGTON HEIGHTS, IL 60005
<b>Spouse Name Not Entered</b>	<b>MEDSTAR LAB</b> 1640 MARKET STREET DES PLAINES, IL 60016
<b>Spouse Name Not Entered</b>	<b>MEDSTAR LAB, INC</b> 4531 HARRISON HILLSIDE, IL 60162
<b>Spouse Name Not Entered</b>	<b>Miramed Revenue Group</b> 991 Oak Creek Dr. Lombard, IL 60148
<b>Spouse Name Not Entered</b>	<b>NILES MEDICAL IMAGING</b> 8618 W Golf Rd (Greenwood Rd.) NILES, IL 60714
<b>Spouse Name Not Entered</b>	<b>Northwest Radiology Assoc</b> 520 East 22nd Street Lombard, Illinois 60148

In re **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**SCHEDULE H - CODEBTORS***Continuation Sheet No. 4*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Spouse Name Not Entered</b>	<b>NORTHWEST WOMENS CONSULTANTS</b> 1630 W CENTRAL ARLINGTON HEIGHTS, IL 60005
<b>Spouse Name Not Entered</b>	<b>PBA</b> PO BOX 7389 PROSPECT HEIGHTS, IL 60070
<b>Spouse Name Not Entered</b>	<b>Pinnacle Management Services, Inc.</b> 514 Market Loop, Suite 103 Dundee, IL 60118
<b>Spouse Name Not Entered</b>	<b>State Collection Service</b> PO Box 6250 Madison, WI 53701



Debtor 1 Maria

First Name

Middle Name

Last Name

Areopagita

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here .....</b>	<b>4. \$7,673.80</b>	
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <b>\$748.20</b>	
5b. Mandatory contributions for retirement plans	5b. <b>\$0.00</b>	
5c. Voluntary contributions for retirement plans	5c. <b>\$465.50</b>	
5d. Required repayments of retirement fund loans	5d. <b>\$256.76</b>	
5e. Insurance	5e. <b>\$436.20</b>	
5f. Domestic support obligations	5f. <b>\$0.00</b>	
5g. Union dues	5g. <b>\$0.00</b>	
5h. Other deductions. Specify: <u>Day Care</u>	5h. + <b>\$58.32</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>6. \$1,964.98</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$5,708.82</b>	
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm	8a. <b>\$0.00</b>	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. <b>\$0.00</b>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. <b>\$0.00</b>	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. <b>\$0.00</b>	
8e. Social Security	8e. <b>\$0.00</b>	
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: <u>Mother's SSI</u>	8f. <b>\$600.00</b>	
8g. Pension or retirement income	8g. <b>\$0.00</b>	
8h. Other monthly income. Specify:	8h. + <b>\$0.00</b>	
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	<b>9. \$600.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$6,308.82</b>	<b>= \$6,308.82</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify:	11. + <b>\$0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. <b>\$6,308.82</b>	
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.	Income fluctuates depending on how many flights she excepts. She is sole supporter of her Granddaughter, and when she flies she must pay for a babysitter	
<input checked="" type="checkbox"/> Yes. Explain:		

**Fill in this information to identify your case:**

Debtor 1	<b>Maria</b> First Name	Middle Name	Last Name <b>Areopagita</b>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:  
 \_\_\_\_\_  
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

**Official Form B 6J**

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Grandson	8	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Daughter	20	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Daughter	24	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Mother	81	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Brother	48	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

	<u>Your expenses</u>
4.	\$1,800.00
4a.	_____
4b.	_____
4c.	_____
4d.	_____

Debtor 1 Maria

First Name

Middle Name

Last Name

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5. _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. _____ <b>\$400.00</b>
6b. Water, sewer, garbage collection	6b. _____ <b>\$100.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. _____ <b>\$250.00</b>
6d. Other. Specify: _____	6d. _____
7. Food and housekeeping supplies	7. _____ <b>\$754.00</b>
8. Childcare and children's education costs	8. _____ <b>\$550.00</b>
9. Clothing, laundry, and dry cleaning	9. _____ <b>\$144.00</b>
10. Personal care products and services	10. _____ <b>\$50.00</b>
11. Medical and dental expenses	11. _____ <b>\$270.00</b>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ <b>\$350.00</b>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____
14. Charitable contributions and religious donations	14. _____
15. Insurance.	
Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. _____
15b. Health insurance	15b. _____
15c. Vehicle insurance	15c. _____ <b>\$150.00</b>
15d. Other insurance. Specify: _____	15d. _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	
Specify: _____	16. _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1 <b>Car payment</b>	17a. _____ <b>\$441.80</b>
17b. Car payments for Vehicle 2	17b. _____
17c. Other. Specify: <u>Expenses for family greater than 4</u>	17c. _____ <b>\$894.00</b>
17d. Other. Specify: <u>Mother's glucose control / Mother's phone</u>	17d. _____ <b>\$145.00</b>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18. _____
19. Other payments you make to support others who do not live with you.	
Specify: _____	19. _____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

Debtor 1 Maria

First Name

Middle Name

Last Name

21. Other. Specify: _____	21. + _____
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. _____ <b>\$6,298.80</b>
<b>23. Calculate your monthly net income.</b>	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. _____ <b>\$6,308.82</b>
23b. Copy your monthly expenses from line 22 above.	23b. - _____ <b>\$6,298.80</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. _____ <b>\$10.02</b>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No.

Yes. Explain here:  
**Debtor has 6 people she supports, her eldest daughter is bi-polar and has not been able to work. Her brother is here on an disabled immigratem help with the elderly mother but he has not found a job yet. The 20 year old is still in school, as well has her step son. Debtor will need to rent a house or an apartment for 7 people**

Debtor 1 Maria

First Name

Middle Name

Document Areopagita Page 52 of 72

Case number (if known) \_\_\_\_\_

2. Additional Dependents:

<u>Dependent's relationship to Debtor 1 or Debtor 2</u>	<u>Dependent's age</u>	<u>Does dependent live with you?</u>
<u>Stepson</u>	<u>20</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

In re **Maria Areopagita**

Case No.

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$321,214.00		
B - Personal Property	Yes	4	\$36,500.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	4		\$414,418.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	24		\$57,116.19	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	5			
I - Current Income of Individual Debtor(s)	Yes	2			\$6,308.82
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$6,298.80
TOTAL		47	\$357,714.00	\$471,534.19	

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

In re **Maria Areopagita**

Case No.

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>\$6,308.82</b>
Average Expenses (from Schedule J, Line 22)	<b>\$6,298.80</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	<b>\$8,626.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$76,204.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$57,116.19</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$133,320.19</b>

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 12/15/2014

Signature /s/ Maria Areopagita  
**Maria Areopagita**

Date \_\_\_\_\_

Signature \_\_\_\_\_

[If joint case, both spouses must sign.]

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**STATEMENT OF FINANCIAL AFFAIRS**

**1. Income from employment or operation of business**

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT****SOURCE**

**93,000 YTDS (Includes a profit sharing check of \$6,026.00, but Delta deposited \$3,000 into the 401(4))**  
**2013-\$79,000**  
**2012-\$70,000**

**2. Income other than from employment or operation of business**

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT****SOURCE**

**2014-\$7,200 From Mother**  
**2013-\$7,200 from Mother**  
**2012-\$7200 from Mother**

**3. Payments to creditors**

*Complete a. or b., as appropriate, and c.*

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	DATES OF	AMOUNT PAID	AMOUNT STILL OWING
NAME AND ADDRESS OF CREDITOR	PAYMENTS		
<b>Credit Acceptance Corp</b> <b>PO Box 513</b> <b>Southfield, MI 48037</b>	<b>10/1, 11/1, and</b> <b>12/1</b>	<b>\$1,323.00</b>	<b>\$14,251.00</b>

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Maria Areopagita**Case No. \_\_\_\_\_  
(if known)**STATEMENT OF FINANCIAL AFFAIRS***Continuation Sheet No. 1***4. Suits and administrative proceedings, executions, garnishments and attachments**

None  a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
PNC v. Areopagita, 10 CH 10892	Foreclosure	Cook	Judgment
<b>State Farm. V. Areopagita, 2014-M1-015447</b>	<b>Pending</b>	<b>Cook</b>	<b>Judgment</b>
<b>Dimitrov Danail v. Areopagita, 12- M1-001953</b>	<b>Collections</b>	<b>Cook</b>	<b>Judgment</b>
<b>LVNV Funding V. Areopagita 2008-M1-203672</b>	<b>Collections</b>	<b>Cook</b>	<b>Pending</b>
<b>LVNV Funding v. Areopagita, 08- M1-186103</b>	<b>Collections</b>	<b>Cook</b>	<b>Judgment</b>
<b>Capital One v. Areopagita, 07- M1-219470</b>	<b>Collectios</b>	<b>Cook</b>	<b>Judgment</b>
<b>Midland Funding LLC v. Areopagita, 07- M1-136123</b>	<b>Collections</b>	<b>Cook</b>	<b>Judgment</b>
<b>Portfolio Recovery v. Areopagita, 07-M1-114559</b>	<b>collections</b>	<b>Cook</b>	<b>Judgment</b>

None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**5. Repossessions, foreclosures and returns**

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**6. Assignments and receiverships**

None  a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
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In re: **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**STATEMENT OF FINANCIAL AFFAIRS***Continuation Sheet No. 2***7. Gifts**

None

List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**8. Losses**

None

List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**9. Payments related to debt counseling or bankruptcy**

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT,	AMOUNT OF MONEY OR DESCRIPTION
Robert J Adams and Associates 901 W. Jackson Suite 202 Chicago, IL 60607	NAME OF PAYER IF OTHER THAN DEBTOR 12/02/2014	AND VALUE OF PROPERTY \$400.00
Prebk.com		7.95

**10. Other transfers**

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**12. Safe deposit boxes**

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Maria Areopagita**Case No. \_\_\_\_\_  
(if known)**STATEMENT OF FINANCIAL AFFAIRS***Continuation Sheet No. 3***13. Setoffs**

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

None  List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None  If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**16. Spouses and Former Spouses**

None  If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or  potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.  Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is  or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
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In re: **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**STATEMENT OF FINANCIAL AFFAIRS***Continuation Sheet No. 4***18. Nature, location and name of business**

None

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

None

a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None

b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

**20. Inventories**

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
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In re: **Maria Areopagita**

Case No. \_\_\_\_\_

(if known)

**STATEMENT OF FINANCIAL AFFAIRS***Continuation Sheet No. 5***21. Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

**22. Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.

None  b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

**23. Withdrawals from a partnership or distributions by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

**24. Tax Consolidation Group**

None  If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

**25. Pension Funds**

None  If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 12/15/2014Signature /s/ Maria Areopagita  
of Debtor Maria Areopagita

Date \_\_\_\_\_

Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.*  
*18 U.S.C. §§ 152 and 3571*

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

IN RE: **Maria Areopagita**

CASE NO

CHAPTER **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> Arrow Financial Service 5996 W. Touhy Ave. Niles, IL 60714	<b>Describe Property Securing Debt:</b> Single Family Home

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

Property No. 2	
<b>Creditor's Name:</b> Capital One Bank PO Box 85147 Richmond, VA 23276 07-M1-219470	<b>Describe Property Securing Debt:</b> Single Family Home

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
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IN RE: Maria Areopagita

CASE NO

CHAPTER 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

*Continuation Sheet No. 1*

Property No. 3	Describe Property Securing Debt: 2012 NISSAN VERSA
<b>Creditor's Name:</b> CONSUMER PORTFOLIO SERVICES, INC 19500 JAMBOREE RD. IRVINE, CA 92612 xxxxxx5297	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

Property No. 4	Describe Property Securing Debt: 2009 Toyota Rave 4
<b>Creditor's Name:</b> Credit Acceptance Corp PO Box 513 Southfield, MI 48037	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: Maria Areopagita

CASE NO

CHAPTER 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

*Continuation Sheet No. 2*

Property No. 5	Describe Property Securing Debt: Home
<b>Creditor's Name:</b> Credit Line Recovery 843 Pony Ln Chicago, IL 60603	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

Property No. 6	Describe Property Securing Debt: Single Family Home
<b>Creditor's Name:</b> Dory Manalo 905 S. Golf View Place Mount Prospect, IL 60056	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: Maria Areopagita

CASE NO

CHAPTER 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

*Continuation Sheet No. 3*

Property No. 7	<b>Describe Property Securing Debt:</b> Home
<b>Creditor's Name:</b> Jeffery M. Leving 19 S. LaSalle St. Ste. 450 Chicago, IL 60603	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

Property No. 8	<b>Describe Property Securing Debt:</b> Single Family Home
<b>Creditor's Name:</b> Midland Funding LLC 8875 AERO DRIVE SAINT CLOUD, MN 56303 07-M1-136123	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

UNITED STATES BANKRUPTCY COURT  
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IN RE: Maria Areopagita

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CHAPTER 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

*Continuation Sheet No. 4*

Property No. 9	<b>Describe Property Securing Debt:</b> Single Family Home
<b>Creditor's Name:</b> Ocwen Loan Servicing LLC 1661 Worthington RD Suite 100 West Palm Beach, FL xxxxxx5188	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

Property No. 10	<b>Describe Property Securing Debt:</b> Single Family Home
<b>Creditor's Name:</b> PNC Bank 2730 Liberty Ave. Pittsburgh, PA 15222	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

UNITED STATES BANKRUPTCY COURT  
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CHAPTER 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

*Continuation Sheet No. 5*

Property No. 11	<b>Describe Property Securing Debt:</b> Home
<b>Creditor's Name:</b> PORTFOLIO RECOVERY ASSOCIATES PO BOX 12903 NORFOLK, VA 23541 07-M1-114559	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

Property No. 12	<b>Describe Property Securing Debt:</b> Home
<b>Creditor's Name:</b> Unifund CCR Partners s/i/i to Providian 10625 Techwood Circle Cincinnati, OH 45242 2006-M1-138836	

Property will be (check one):

Surrendered  Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):

Property is (check one):

Claimed as exempt  Not claimed as exempt

UNITED STATES BANKRUPTCY COURT  
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**IN RE: Maria Areopagita**

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CHAPTER 7

## CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

*Continuation Sheet No. 6*

Property No. 13	
<b>Creditor's Name:</b> Wings Financial Credit Union c/o Registered Agent 14985 Glazier Ave Saint Paul, MN 55124	<b>Describe Property Securing Debt:</b> Single Family Home
Property will be (check one):	
<input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one):	
<input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):	
Property is (check one):	
<input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 12/15/2014

Signature /s/ Maria Areopagita  
Maria Areopagita

Date \_\_\_\_\_

Signature \_\_\_\_\_

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

In re **Maria Areopagita**

Case No. \_\_\_\_\_

Chapter 7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

<u>Maria Areopagita</u>	<u>X</u> <u>/s/ Maria Areopagita</u>	<u>12/15/2014</u>
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
<u>Case No. (if known)</u>	<u>X</u>	<u>Signature of Joint Debtor (if any)</u>
		Date

**Certificate of Compliance with § 342(b) of the Bankruptcy Code**

I, Robert J. Adams & Associates, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ Robert J. Adams & Associates

Robert J. Adams & Associates, Attorney for Debtor(s)  
Bar No.: 0013056  
Robert J. Adams & Associates  
901 W. Jackson, Suite 202  
Chicago, IL 60603  
Phone: (312) 346-0100  
Fax: (312) 346-6228  
E-Mail: bankruptcy713@yahoo.com

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**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income  
(\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
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IN RE: **Maria Areopagita**

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CHAPTER 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u><b>\$2,400.00</b></u>
Prior to the filing of this statement I have received:	<u><b>\$400.00</b></u>
Balance Due:	<u><b>\$2,000.00</b></u>

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

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12/15/2014

Date

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**/s/ Robert J. Adams & Associates**

Robert J. Adams & Associates  
 Robert J. Adams & Associates  
 901 W. Jackson, Suite 202  
 Chicago, IL 60603  
 Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

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**/s/ Maria Areopagita****Maria Areopagita**